

Attorney or Party Name, Address, Phone & Fax Nos.,  
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FOR COURT USE ONLY

- ☐ Debtor(s) appearing without an attorney  
☒ Attorney for Debtor(s)

**United States Bankruptcy Court  
Central District of California - Riverside Division**

In re:  
Frances Estrella Jimenez

CASE NO.:  
CHAPTER: Chapter 7

**DECLARATION BY DEBTOR(S)  
AS TO WHETHER INCOME WAS RECEIVED  
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION  
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

**Declaration of Debtor 1**

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date ( **Check only ONE box below** ):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 05/07/2024

Frances Estrella Jimenez

Printed name of Debtor 1

Signature of Debtor 1

**Declaration of Debtor 2 (Joint Debtor) (if applicable)**

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date ( **Check only ONE box below** ):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_

Printed name of Debtor 2

Signature of Debtor 2

CAMBRIAN HOMECARE  
5199 East Pacific Coast Hwy  
Long Beach CA 90804

Y480-8058  
ORGT:2 SUN CITY  
EE ID: 33165

00-110  
1222

05/10/2024

629245

DATE

CHECK NO.

Void After 90 Days

**\*\*\$292.23\*\***

AMOUNT

PAY TO THE  
ORDER OF

FRANCES E JIMENEZ  
8236 GALENA ST  
JURUPA VALLEY CA 92509

TWO HUNDRED NINETY TWO AND 23/100 ..... DOLLARS

FARMERS & MERCHANTS BAN  
4827 E 2nd St  
Long Beach, CA 90803-5313

AUTHORIZED SIGNATURE(S)

TO VERIFY AUTHENTICITY OF THIS DOCUMENT, THE BACK CONTAINS HEAT SENSITIVE INK THAT CHANGES FROM BLUE TO CLEAR AND ALSO CONTAINS AN ARTIFICIAL WATERMARK WHICH CAN BE VIEWED WHEN HELD AT AN ANGLE

FOLD AND REMOVE

FOLD AND REMOVE

### PERSONAL AND CHECK INFORMATION

Frances E Jimenez  
8236 Galena St  
Jurupa Valley, CA 92509  
Employee ID: 33165

Home Department: 840 null / 2 SUN CITY

Pay Period: 04/28/24 to 05/04/24  
Check Date: 05/10/24 Check #: 629245

### NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	292.23	292.23
NET PAY	292.23	292.23

### ADDITIONAL INFORMATION

CLIENT Jimenez

### TIME OFF (Based on Policy Year)

DESCRIPTION	AMT TAKEN	TOTAL BAL
SICK 40	0.000 hrs	0.661 hrs

### EARNINGS

BASIS OF DESCRIPTION PAY	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
Regular	19.8300	16.1500	320.25	19.8300	320.25
Total Hours	19.8300			19.8300	
Total Hrs Worked	19.8300				
Gross Earnings			320.25		320.25

  

DESCRIPTION	FILING STATUS	CURRENT (\$)	YTD (\$)
Social Security		19.86	19.86
Medicare		4.64	4.64
CA Income Tax	MI1 0 0 No		
CA Disability		3.52	3.52
TOTAL		28.02	28.02

NET PAY

THIS PERIOD (\$)  
292.23

YTD (\$)  
292.23